Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/17/2013</u>	Address:	8336 Country Creek Drive	
Case #:	13ISPC0114		Indianapolis, IN 46234	
County :	Marion			
Type of La	aboratory Seizure (check one)	Seizure Location (c	izure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s):				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: Master Bathroom				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): Master Bathroom				
Corrosive Acid:				
Corrosive Base:				
Other (item and location):				
	er age 18 discovered (check one) (number present)	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip	
*If yes, fax re	port to Child Protective Services	⊠ Other: <u>IM</u>	I <u>PD</u>	
This report is to be faxed to the following agencies that serve the location:				
Health Dep	ment: Indianapolis Fire artment: Marion County Health action Service: Dept. Of Child Serv		Fax: Fax: 317-221-2020 Fax: 317-542-1323	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Stephon Mason</u> Phone <u>3178998577</u>				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.